

# Medicare Plus \$100,000 Plan

Administered by Blue Cross & Blue Shield United of Wisconsin



**BlueCross & BlueShield  
United of Wisconsin**

An independent license of the Blue Cross and  
Blue Shield Association

## What we are

The Medicare Plus \$100,000 Plan is designed to supplement, not duplicate, the benefits available under the Federal Medicare program for State of Wisconsin annuitants. Eligibility is limited to individuals enrolling in both Part A and Part B Medicare when first eligible and Medicare is the primary payor. (**NOTE:** Medicare becomes available at age 65; or after Social Security disability benefits have been received for 24 months; or for those who have chronic kidney disease.)

It is administered by Blue Cross & Blue Shield United of Wisconsin – a local company known for its service, convenience, automated processing, and the I.D. card that is recognized and accepted across the nation.

## Where we are

In addition to our corporate headquarters located in Milwaukee, we have three regional service centers. We can answer questions about claims or benefits in our offices, by letter or by telephone. To provide more personal service that is convenient and accessible, early evening/after work and walk-in customer service is also available at our regional service centers.

## Exclusions and limitations

- Physical exams or immunizations
- Services or supplies for custodial care or rest cures as defined by the contract
- Cosmetic surgery
- Services, supplies or equipment that are not medically necessary, or which are experimental/ investigational
- Eyeglasses, contact lenses or hearing aids or examinations for their prescription or fitting

- Dental services except as specifically provided
- Care covered by worker's compensation
- Organ transplants except as specifically provided
- Weight loss treatments or programs
- Benefits will be limited to the charges for treatment, services, and supplies less payments available from other coverage. When Medicare is primary, payment of benefits is computed by first subtracting the Medicare payments.

## Benefit Maximum

Each participant under this Plan has a \$100,000 maximum per illness or injury. This maximum is in addition to Medicare payments.

## Freedom of choice

This plan allows you complete freedom of choice in selecting a physician or hospital that is convenient for you. If you go on vacation or reside away from home during the year, this freedom of choice allows your health coverage to "go with you," including travel abroad.

If you have already established relationships with physicians of your choice, this plan will allow you uninterrupted access to those health care providers.

This is intended as a general outline of benefits. It is not intended to be a complete description of coverage and does not serve as a legal document. For a complete listing of benefits, limitations, and exclusions please refer to your Medicare + \$100,000 benefit handbook (ET-4113) or by contacting Blue Cross & Blue Shield United of Wisconsin.

## Regional service centers

Customer service hotline for  
State of Wisconsin employees  
1-800-755-6400

### Northeastern Service Center

145 South Pioneer Road  
Fond du Lac, WI 54935  
(920) 923-4141

### Southeastern Service Center

401 West Michigan Street  
Milwaukee, WI 53202  
(414) 226-2233

### Southwestern Service Center

19 West Main Street  
Evansville, WI 53536  
(608) 882-5967

### Western Service Center

2270 EastRidge Center  
Eau Claire, WI 54701  
(715) 836-7737

## Or e-mail us at our website:

[www.bluecrosswisconsin.com](http://www.bluecrosswisconsin.com)

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Health Benefits	Plan Pays*	Limitations
<b>Physician</b>	100%	None
<b>Hospital</b>	100%	120 days in semi-private room.
<b>Laboratory and X-rays</b>	100%	None
<b>Drugs and biologicals</b>	100% after copay	Copayment of \$5 for generic or \$10 for brand, paid at time of purchase. If using a non-preferred pharmacy, members must submit a claim for reimbursement. Copay accumulates to \$240 annual maximum per individual or \$480 maximum per family, then the plan pays 100%.
<b>Mental health</b> (Combined with Alcohol and drug abuse)	100%  90% 90%	INPATIENT - 120 days or \$6,300 per calendar year, which ever is less. OUTPATIENT - Of first \$2,000 per calendar year. TRANSITIONAL - Of first \$3,000 per calendar year.
<i>In 2003, annual dollar maximums for mental health services are suspended.</i>		
<b>Alcohol and drug abuse</b> (Combined with Mental health)	100%  90% 90%	INPATIENT - 30 days or \$6,300 per calendar year, which ever is less. OUTPATIENT - Of first \$2,000 per calendar year. TRANSITIONAL - Of first \$3,000 per calendar year.
<i>Maximum for all services is \$7,000 per calendar year, combined.</i>		
<b>Emergency room</b>	100%	None
<b>Extended care facility</b>	100%	Medicare-approved service and facility-contract maximum. Medicare approved services** at non-Medicare approved facility – if admitted within 14 day after a hospital stay of 3 days or more: \$50 per day for first 100 days, then the contract maximum. Excludes custodial care as defined in the contract.
<b>Vision care</b>	100%	For illness or disease only.
<b>Prescribed medical services/supplies</b>	100%	None
<b>Transplants</b>	100%	Kidney, cornea, bone marrow, parathyroid, musculoskeletal, as listed in the booklet. Excludes all services related to non-covered transplants.
<b>Chiropractic care</b>	100%	None
<b>Ambulance</b>	100%	None
<b>Additional Benefits</b>		
<b>Physical, speech &amp; occupational therapy</b>	100%	None
<b>Home health care</b>	100%	365 visits per calendar year
<b>Home hospice care</b>	100%	80 visits per six months
<b>Hearing aid</b>	0%	Not a covered benefit
<b>Oral surgery</b>	100%	None

- Medicare Plus \$100,000 provides benefits and reimbursement for all Medicare deductibles for covered services.
- The Contract maximum benefit of the Medicare Plus \$100,000 Plan is \$100,000 for any one illness or injury, which is in addition to benefits paid by Medicare.
- Medicare Plus \$100,000 Plan pays the percent of charge(s) shown above. Charge(s) means usual, customary, and reasonable (UCR) demands for payment for services or other items for which benefits are available, as determined by Blue Cross & Blue Shield United of Wisconsin. In some cases, the amount BCBSUW determines as reasonable may be less than the amount billed by your provider. Those providers not listed in the BCBSUW State Standard provider directory, are not contractually obligated to write off the balance and, as a result, may choose to balance bill the subscriber. Should such a situation arise, 'hold harmless' protections apply. BCBSUW will protect the subscriber against collection agencies and a court of law. For more information on 'hold harmless' or for a list of participating providers in your area, please call a customer representative at the number above or visit our website. If such a charge dispute arises, contact BCBSUW. If your provider is listed in the Standard Plan directory, charges over UCR will be written off.

\* Includes Medicare payment.

\*\* Approved services means services which would be paid by Medicare if provided in a Medicare-approved facility.